

Victor Parsons T379654
Name and Prisoner/Booking Number

Lower Buckeye Jail
Place of Confinement

3250 W. Lower Buckeye Road
Mailing Address

Phoenix, Arizona 85009
City, State, Zip Code

(Failure to notify the Court of your change of address may result in dismissal of this action.)

<input checked="" type="checkbox"/> FILED	<input type="checkbox"/> LODGED
<input type="checkbox"/> RECEIVED	<input type="checkbox"/> COPY
DEC 01 2017	
CLERK U S DISTRICT COURT DISTRICT OF ARIZONA	
BY <u>BB</u>	DEPUTY

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF ARIZONA

Victor Parsons,
(Full Name of Plaintiff)

Plaintiff,

v.

(1) Chris Hannigan #22887,
(Full Name of Defendant)

(2) Natalie Barela #22735,

(3) Officer John Doe 1,

(4) Dr. John Doe,

Defendant(s).

☒ Check if there are additional Defendants and attach page 1-A listing them.

CASE NO. CV-17-4456-PHX-DLR-DKD
(To be supplied by the Clerk)

CIVIL RIGHTS COMPLAINT
BY A PRISONER

- ☒ Original Complaint
☐ First Amended Complaint
☐ Second Amended Complaint

A. JURISDICTION

1. This Court has jurisdiction over this action pursuant to:

☒ 28 U.S.C. § 1343(a); 42 U.S.C. § 1983

☐ 28 U.S.C. § 1331; *Bivens v. Six Unknown Federal Narcotics Agents*, 403 U.S. 388 (1971).

☒ Other: 28 USC 2201, 2202, 2283, 2284, 1391, 1367

2. Institution/city where violation occurred: Tempe, AZ

(5) Officer John Doe 2

The fifth defendant is employed as a Police officer at Tempe Police Dept.

All officers and medical personnel are sued in their individual and official capacities.

B. DEFENDANTS

1. Name of first Defendant: Chris Hannigan. The first Defendant is employed as: Police Officer at Tempe Police Dept.
(Position and Title) (Institution)
2. Name of second Defendant: Natalie Barela. The second Defendant is employed as: Police Officer at Tempe Police Dept
(Position and Title) (Institution)
3. Name of third Defendant: Officer John Doe. The third Defendant is employed as: Police Officer at Tempe Police Dept.
(Position and Title) (Institution)
4. Name of fourth Defendant: Dr. John Doe. The fourth Defendant is employed as: doctor at Banner Desert Hospital
(Position and Title) (Institution)

If you name more than four Defendants, answer the questions listed above for each additional Defendant on a separate page.

C. PREVIOUS LAWSUITS

1. Have you filed any other lawsuits while you were a prisoner? ☒ Yes ☐ No
2. If yes, how many lawsuits have you filed? 2. Describe the previous lawsuits:
- a. First prior lawsuit:
- Parties: Victor Parsons v. Charles Ryan et.al.
 - Court and case number: CV-446-PHX-CKJ
 - Result: (Was the case dismissed? Was it appealed? Is it still pending?)
Withdrew to enter class action (below)
- b. Second prior lawsuit:
- Parties: Victor Parsons et.al. v. Charles Ryan et.al.
 - Court and case number: CV 12-00601-PHX-DJH
 - Result: (Was the case dismissed? Was it appealed? Is it still pending?)
Settlement reached
- c. Third prior lawsuit:
- Parties: _____ v. _____
 - Court and case number: _____
 - Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____

If you filed more than three lawsuits, answer the questions listed above for each additional lawsuit on a separate page.

D. CAUSE OF ACTION

COUNT I

1. State the constitutional or other federal civil right that was violated: 4TH & 14TH
Amendment
2. **Count I.** Identify the issue involved. Check **only one**. State additional issues in separate counts.
- | | | | |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Basic necessities | <input type="checkbox"/> Mail | <input type="checkbox"/> Access to the court | <input type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Property | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation |
| <input checked="" type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: _____ | |
3. **Supporting Facts.** State as briefly as possible the FACTS supporting Count I. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.
- On Dec. 14, 2015, Mr. Parsons was arrested by Tempe Police Officers
Chris Hannigan, Natalie Barela, Officer John Doe 1, Officer John
Doe 2. I suffer from bipolar paranoid schizophrenia. I was arrested
for DUI. During the arrest, excessive force by the police officers in the
form of a mag flashlight to Mr. Parsons head forced the police to provide
medical care. Mr. Parsons was taken Banner Desert Hospital.
I was placed in a room with no cameras, all the officers turned
off their body cameras. The above officers and Dr. John Doe from
Banner held my body down by force in order to draw blood. The
same officers and doctor held me down, cut off my clothes and
forced a catheter in me in order to extract urine. All against my
consent and will.
4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).
- Urinary incontinence, bloody penis right after, excruciating pain
bruising on arms
5. **Administrative Remedies:**
- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☐ Yes ☒ No
 - Did you submit a request for administrative relief on Count I? ☐ Yes ☒ No
 - Did you appeal your request for relief on Count I to the highest level? ☐ Yes ☒ No
 - If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. none available

E. REQUEST FOR RELIEF

State the relief you are seeking:

compensatory, punitive, damages to be determined by the court any other
relief the court deems just and proper.
Declaratory relief.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

11/27/17
DATE



SIGNATURE OF PLAINTIFF

(Name and title of paralegal, legal assistant, or
other person who helped prepare this complaint)

(Signature of attorney, if any)

(Attorney's address & telephone number)

ADDITIONAL PAGES

All questions must be answered concisely in the proper space on the form. If you need more space, you may attach no more than fifteen additional pages. But the form must be completely filled in to the extent applicable. If you attach additional pages, be sure to identify which section of the complaint is being continued and number all pages.

MARICOPA COUNTY SHERIFF'S OFFICE
CERTIFICATION

I hereby certify that on this date 2017 November 28

I mailed the original and one (1) copy to the Clerk of the United States District Court, District of Arizona.

I further certify that copies of the original have been forwarded to:

√ Hon _____ United States District Court, District of Arizona.

____ Hon _____ United States District Court, District of Arizona.

____ Attorney General, State of Arizona, _____

____ Judge _____ Superior Court, Maricopa County, State of Arizona.

____ County Attorney, Maricopa County, State of Arizona _____

____ Public Defender, Maricopa County, State of Arizona _____

____ Attorney _____

____ Other _____



Legal Support Specialist Signature

B3648
S/N

INMATE LEGAL SERVICES
Maricopa County Sheriff's Office
3250 W. Lower Buckeye Rd.
Phoenix, AZ 85009